



A MESSAGE FROM THE
2021-2022 MCSJ
PRESIDENT



REFLECTIONS ON
DECOLONIZATION



POWER AND OPPRESSION:
TWO SIDES OF THE SAME
INSURANCE CARD



BECOMING A
NON-APPOINTED ATTORNEY
REPRESENTATIVE

Maryland Counselors for Social Justice

NEWSLETTER

October 29, 2021

Mission of MCSJ

Our mission is to work to promote social justice advocacy in our society, through confronting oppressive systems of power and privilege that manifest in a lack of equal access, benefits, resources, and opportunities to large segments of our population. We work to address mental health issues caused by social marginalization, and oppressive issues that affect professional counselors, students, and the clients we serve. Our goal is to work to assist in positive change in our community and society, and call attention to additional ways counselors could be better advocates in their work with diverse, marginalized, and disenfranchised clients, through professional development.



Land Acknowledgement

Maryland Counselors for Social Justice recognizes the genocide, forceful removal, and displacement of tribal communities from this land. In particular, we honor the diverse Indigenous peoples connected to this territory that we now occupy in Maryland, District of Columbia (DC), Virginia, and surrounding areas, including the Nacotchtank (Anacostan), the Piscataway, the Monacan, the Massawomeck, the Accomack, the Manahoac, the Powhatan, and the Pamunkey tribal nations. This land acknowledgment is read to recognize and honor the indigenous people, their ancestors and elders, and the genocide, forceful removal, and displacement of the peoples whose lands and territories were stolen from them.

If you are interested in learning about which Native land(s) you're residing in, visit <https://native-land.ca/>.

MCSJ President's Remarks

Greetings,

Welcome to another year with the Maryland Counselors for Social Justice team. I am honored and humbled to serve as the President for 2021-2022 year. Last year, I had the pleasure of serving as President-Elect for MCSJ during a time of many global transitions and changes. The years 2020 & 2021 have been relentless to say the least. We have all been somehow affected by the COVID-19 pandemic. We have all witnessed racism, police brutality, and other horrendous forms of threat and systemic oppression of Black and Brown people across the world. MCSJ came together as an organization during a time that was difficult for our communities and for our world; nevertheless, we preserved.



While we continue to move forward this year, uplifting, supporting and bringing awareness into these marginalized communities and beyond, our theme for 2021-2022 is *Decolonizing our Minds: Creating a New Normal*. This theme means to uplift the voices of communities that have been marginalized in the United States. It also means to support and bring awareness to those who are discriminated against, including Black, Indigenous, and People of Color (BIPOC) communities, LGBTQ+ communities, immigrants and refugees, people with disabilities, and others who have faced any form of oppression and disenfranchisement. As counselors, educators, healthcare professionals, mental health professionals, and students, we understand that in order to challenge systemic racism and oppression, we must take a deeper look into the systems that continuously perpetuate these themes and mindset. This year, we plan to work towards decolonizing areas, such as the mental health profession; law enforcement; sports/medicine; women's health; academia/research; education/schools; and our atmosphere/environment, to name a few. We also intend to uplift the voices of BIPOC communities by building on our strengths and resilience.

Last year, MCSJ was successful in creating a platform to share the narratives of BIPOC communities by creating groups such as our monthly restorative justice circles that serve to support BIPOC students and counselors. We published two newsletters, created a *Day of Wellness* symposium along with other workshops, and planned a two-day conference centered on *Decolonizing our Minds: Uplifting Minoritized Voices*. This year, we intend to continue carrying the torch with a focus on removing and deconstructing systemic barriers for BIPOC communities. This year, MCSJ commits to continue to provide the sacred spaces for community healing by offering monthly Restorative Justice Circles for BIPOC therapists. We will be offering educational workshops throughout the year, and finally our 4th annual conference will be held in June 2022, where we will pass the torch to a new leadership team.

In this first newsletter of the year, I am excited to introduce to you the amazing individuals who are a part of the 2021-2022 executive board. We have been working tirelessly since July 1st to discuss goals for this year, and I am excited that you will be joining this journey with us.

Lastly, I want to acknowledge the passing of the first Black US Secretary of State, General Colin L. Powell. May you rest well with the ancestors!

"All work is honorable. Always do your best because someone is watching" -Gen. Colin L. Powell

In solidarity,

Dr. Kizzy D. Pittrell, EdD, LCPC, Approved Clinical Supervisor, Approved Drug 7 Alcohol Supervisor
2021-2022 President, Maryland Counselors for Social Justice



Reflections on Decolonization

By Kshipra Jain, LPC, NCC

2020-2021 MCSJ President; Therapist & Supervisor; Doctoral Candidate at the George Washington University

In 2020-2021, MCSJ focused our year and our annual conference on the theme of *Decolonizing our Minds: Uplifting Minoritized Voices*. We were absolutely thrilled and honored by the amount of engagement this theme and topic received from not only our presenters, but also our attendees. We discussed what decolonization means for us in the mental health and counseling field--across academia and higher education, in research and scholarship, in our clinical and supervision sessions, in our professional settings, and in our personal lives.

As we progress into another year of working towards decolonizing our minds at MCSJ, we are also continuing to learn more about what decolonization means for us, individually and collectively. Through this piece, I hope to share my reflections and growth in the past few months, and offer introductory resources dedicated to decolonization.

Let's start from the beginning--what is decolonization? Even though decolonization has become a more colloquially utilized term in recent years, it is important to first recognize its indigenous roots and origins. It is extremely important to understand that decolonization, at its root, means **land back**. It means to acknowledge the truth that this land was stolen from Indigenous tribal nations, who were forcefully displaced and murdered by European settler colonists, who wanted to claim it as theirs. It is impossible to talk about decolonization without first taking a critical look at the history of how the United States of America was founded. It is impossible to talk about decolonization without recognizing the violent consequences of colonization on Indigenous communities even today.



Take a moment to pause here and look inwards--does acknowledging this history of Indigenous genocide as the foundation of the US make you uncomfortable? What is coming up for you, and what can you do to unlearn and grow in this moment?

If you are interested in joining us on this journey of decolonizing our minds, I encourage you to read an article written in 2012 by indigenous scholar, Eve Tuck, and settler scholar, Wayne Yang, entitled [Decolonization is Not a Metaphor](#). This was an eye-opening journey for me, and required that I pause and reflect on my own understanding and usage of the term *decolonization*. If you want to learn about decolonization and appropriately use and honor this term, this is essential reading. The authors state:

“The language of decolonization has been superficially adopted into education and other social sciences, supplanting prior ways of talking about social justice, critical methodologies, or approaches which decenter settler perspectives... decolonization wants something different than those forms of justice.” (Tuck & Yang, 2012, p. 2)

Decolonization is not just a trend; it is not just a buzzword that people seem to be using more often these days. Decolonization is not simply a substitute for social justice, for anti-racism, for multicultural competency, for diversity, equity, and inclusion... Rather, **decolonization is an act**. The question to ask ourselves is how can we be a part of this act without appropriating it? How can we honor what it means to decolonize before reflecting on how we decolonize our profession, our systems, and our minds?

For this, I offer you two TEDx Talks. The first one is by Nikki Iyolo Sanchez, an Indigenous speaker, activist, and media maker, who speaks about colonization and decolonization in Canada: [Decolonization Is for Everyone | Nikki Sanchez | TEDxSFU](#). The second one is by Quetzala Carson, an indigenous speaker and musician, who talks about colonial violence and the creation of normative narratives across settler colonist nations: [Pedagogy of the Decolonizing | Quetzala Carson | TEDxUAlberta](#).

Thank you for embarking on this journey with us. We hope that these videos, along with the additional resources below, are beneficial as a starting place to unlearn, critique, and challenge the norms and ideologies that you may encounter on a daily basis. We hope that it ignites in you a desire to learn more and spread awareness about our violent, colonial history, and better understand the impact not only on Indigenous communities, but on each and every one of us.

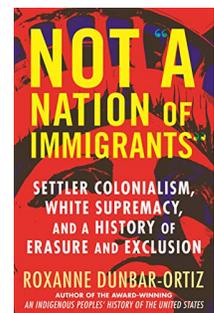
We welcome you to contact us at mdcounselorsmcsj@gmail.com if you have any thoughts, feedback, or reflections you would like to share with us or the larger MCSJ community.

References:

- Tuck, E., & Yang, K. W. (2012). Decolonization is not a metaphor. *Decolonization: Indigeneity, Education & Society*, 1(1), 1-40. Retrieved from: <https://clas.osu.edu/sites/clas.osu.edu/files/Tuck%20and%20Yang%202012%20Decolonization%20is%20not%20a%20metaphor.pdf>
- Follow Nikki Iyolo Sanchez on social media
 - <https://linktr.ee/nikkilaes> @nikkilaes @decolonizetogether

Additional Resources:

- *Not "A Nation of Immigrants": Settler Colonialism, White Supremacy, and a History of Erasure and Exclusion* by Roxanne Dunbar-Ortiz
- *All My Relations* Podcast: <https://www.allmyrelationspodcast.com/>
 - Hosted by Matika Wilbur (Swinomish and Tulalip) & Andrienne Keene (Cherokee Nation) “to explore our relationships to the land, to our creatural relatives, and to one another”
- *Decolonize Everything* Podcast: <https://podcasts.apple.com/us/podcast/decolonize-everything/id1529213896>
 - Hosted by Rebecca Mendoza Nunziato “to start conversations about decolonization on a variety of topics with a variety of voices. Disrupting the status quo by supporting a new consciousness & liberation in all areas of life through practical tips + radical Ideas.”
- Writing a land acknowledgement:
 - [Native-Land.ca | Our home on native land](#)
 - [A guide to Indigenous land acknowledgment](#)



Upcoming Events in Maryland to Celebrate Indigenous Cultures & Communities



American Indian Heritage Day on November 6, 2021 (Calvert Co., MD)
<https://jefpat.maryland.gov/Pages/events/annual-events.aspx>

Native American Festival on November 20, 2021
 (Baltimore American Indian Center): [Events Calendar | Native American Festival - Baltimore American Indian Center! 11/20/21](#)

Native American Festival - Baltimore American Indian Center! 11/20/21

📅 November 20 2021, 11:00AM-7:00PM

4-H/HOME ARTS BUILDING

Native American Festival by the Baltimore American Indian Center!

For more information call 410-675-3535 or go to
<http://www.baltimoreamericanindiancenter.org>.

Becoming a Non-Appointed Attorney Representative

Assist Others with Obtaining Social Security Disability Benefits

By Sabrina Taylor, PhD, CRC, CVRC, CWIP

Assistant Professor, Undergraduate Rehabilitation Services Program Coordinator, Coppin State University, CEO of Benefits Understood Counseling Services, LLC

In honor of disability awareness month, it is important to highlight opportunities that allow individuals to advocate for persons with disabilities. In my former life as a rehabilitation counselor, I have assisted numerous veterans get their disability claims approved. Imagine my surprise when I found out that I could become certified to become a non-appointed attorney representative through the Social Security Administration (SSA). Further, I found out that I only needed a high school diploma! You may be wondering exactly what a non-appointed attorney representative is. Let me explain!

Non appointed attorney representatives assist individuals with getting their social security disability claims approved. Non-appointed attorney representatives are individuals who have earned a bachelor's degree from an accredited institution of higher education and have passed a written examination. According to the Social Security Administration, in 2010 there were 3,148,689 applications submitted for social security disability benefits. In 2010, 1,042,124 people got their claims approved. Now, it is important to understand that a large majority of the claims approved were claims pending from previous years.

Due to an increase of social security disability applications over the past decade, the SSA has a backlog of 1.1 million claims. Further, many of these claims have been denied two or more times and have been appealed by the applicant. As you can imagine, many applicants are stressed and overwhelmed by the application process. Thankfully, congress passed the Social Security Disability Applicant's Access to Professional Representation Act in 2010.

The Social Security Disability Applicant's Access to Professional Representation Act of 2010 enabled individuals with bachelor's degrees to become certified to be a non-appointed attorney representative. What does that mean for you? It means that you can be paid to assist applicants with the social security disability application process.



The Application Process

If you are still reading, more than likely your interest has been piqued and you want to find out more about how you can assist persons with disabilities become approved for Social Security Disability benefits. That's wonderful! The application process is simple and is offered every year. Annually, the Social Security Administration accepts applications from individuals to become a non-appointed attorney representative.

Applicants must complete and sign the application, pay an application fee of \$1,000, and complete a signed authorization for release of information form. It's really that simple! On the application, you must verify that you have a bachelor's degree from an accredited institution of higher education or a GED certificate and equivalent qualifications from training and work experience.

For persons without a bachelor's degree, you must prove that you have at least four years of professional experience demonstrating familiarity reviewing medical reports. You must also have experience providing medical assessments as it relates to physical and mental limitations.

Documentation will be required to verify your experience. Applicants must be able to pass a criminal background check and meet liability insurance coverage requirements.

Number of Covered Employees	Minimum Aggregate Minimum
1 to 10	\$500,000
11 to 25	\$1 million
26 to 50	\$2 million
51 to 100	\$3 million
101 to 200	\$4 million
201 or more	\$5 million

Now, once you meet all requirements, submit the application and sit back and relax. You can take a moment to breathe while you wait on your application approval. Currently, CPS HR Consulting is responsible for overseeing application approvals and administering the examination. In 2020, the application period opened February 1st and closed February 28th. Once your application is approved, you will receive a letter in the mail with your test date and location. At this time, the exam is offered only in Baltimore, Maryland and Ontario, California.

The Examination Process

After much anticipation and waiting, you finally received your application approval letter and examination date. Take your pen and check this off of your list. Now, it is time to study. You may be feeling some apprehension and anxiety about completing this exam. Well, I am going to ease some of your anxiety. This exam is open-book. *Really, it is open-book!* I know, I could not believe it either. However, that does not mean that you do not need to study. Remember, you will be responsible for helping clients navigate the Social Security Administration bubble and will need to be knowledgeable of laws and policies surrounding disability. So, where should you begin? First, start with visiting the Code of Federal Regulations, Chapter III (Parts 400-499) found at https://www.ssa.gov/OP_Home/cfr20/cfrdoc.htm. Click on the chapter and then each subpart. First, do not get overwhelmed. Again, do not get overwhelmed. You can do this. If you have ever read Harry Potter, you can do this. Below are some Tips on how to use this document to study for the exam.

Tip #1: Pick a place and time to study

Are you a morning person or a night owl? Answering this question will determine when you will be most productive studying for this exam. Set aside one to two hours daily to study for the exam. Having a set time to study each day will make it easy for you to review and retain the information. Make sure you are in a quiet place without distractions. Did



you know that wall colors can impact your anxiety when studying? It is best to study in a room with pastel colors and lots of light.

Tip #2: Create a study plan

As a professor, many of my students have asked me how to study. Think of studying as a business plan. Before starting a business, the first thing you must do is create a business plan. Before you begin studying, you should create a study plan. Not having a study plan will impact the examination outcome. Create an outline and break down the sections you plan to cover each day. You may even want to print out a weekly calendar and write down what you plan to accomplish each day on your study plan.

Tip #3: Take breaks

Every thirty minutes of study, take a five-minute break. This will allow you with the opportunity to stretch and recharge your batteries. Remember, the race is not given to the swift. Take your time studying. You will retain more information studying at a steady pace rather than at the pace of a marathon runner.

Tip #4: Use different strategies

What may work for me may not work for you. Therefore, find your happy place when studying. Some people do best by creating flash cards. Others do best by recording their notes and listening to their recording on a MP3 player. When studying for an exam like this, it is best to use a combination of approaches when studying.

On the day of your examination, you will not be allowed to bring your notes, cell phones, purses, or any other personal belongings into the examination room. The test proctor will provide you with a manual you can use for your open book exam. Therefore, it is extremely important to become familiar with the Code of Federal Regulations, Chapter III (Parts 400-499) so you will be able to quickly find the information you need to answer each question. You have three hours to complete the exam. Plan wisely and study hard. To obtain more information about becoming a non-appointed attorney representative, visit: <https://www.ssa.gov/representation/nonattylep.htm>.

Power and Oppression: Two Sides of the Same Insurance Card

By Julie Beckmann, Master's Student in Counseling at the George Washington University



Anyone who has been through an internship year in a counseling graduate program may be able to empathize with the torrent of emotions that I found myself leaning into when I started internship this September. Excitement, curiosity, wariness, skepticism, hopefulness, courage, determination, and straight up anxiety all seemed to coalesce into the stress that I wore like a sweater over my shoulders for the first four weeks. I was walking through the doors at my internship with six semesters of coursework, roughly 60 direct hours of

practicum, plus my white identity, power, and privilege, and I was committed to putting all of it to the best use as soon as possible. After all, I had read and was re-reading the MSJCCs and their precursors, Dr. Kendi's *How to be anti-racist*, Dr. Tatum's *Why are all the black kids sitting together in the cafeteria*, Memi's *The colonizer and the colonized*, and Jean Baker Miller's *Toward a new psychology of women*. I was watching documentaries like *Crip Camp* and initiating conversations about racism and oppression with some white and BIPOC friends and colleagues, and I was trying to initiate conversations with white family members. I was doing the things I thought I was supposed to be doing so I could do my part to chip away at the cycle and systems of oppression.

But of course, there is no substitute teacher for direct experience. And in this case, experience took the form of my own ignorance combined with the needs of a prospective client.

One of the agencies I'm interning at has a policy: prospective clients who have private insurance, regardless of their annual household income, are not eligible for sliding-scale fees; they pay 100% out of pocket, which they can submit to their insurance for reimbursement. Enter ignorance: I did not know this policy my second week at the site. So when I called a potential new client to see if they were still interested in receiving counseling services, I saw that they had private insurance but I asked about their annual household income anyway because our full fees *seem like a lot of money to me*. The estimate the client gave sounded like it would be eligible given the number of dependent family members in the household. I assumed that if the income was too high then the sliding-scale calculation would match the full cost. But they didn't. They were significantly less.

The client said they can bring in paystubs to show proof of income and so we set up the appointment. The client felt good because he was going to be able to get the care he needed without taking extra money away from the family and I felt good because, hey, I just broke down a potential income barrier for a marginalized family.

What's that saying about pride comes before the fall...?

When I explained my scribble on the intake form to one of the administrative assistants who scans client documentation into the EMR, she looked at me and said, "You can't do that." "Can't do what?" I deadpanned. "If a client indicates they have private insurance on the intake request, you can't offer them the sliding scale."

This did not compute so I sputtered, "But...according to the sliding scale calculator...their annual income relative to the number of dependents in the household shows that they would be eligible. So...why *not* offer them more affordable fees?"

I messaged the clinic's director and he came to my office where I explained what I had done. "That's not a royal screw up," he assured me, and then told me to call the client back and explain what happened - blame it on being new - and if the cost is a barrier to let them know that another provider a mile away from us takes their private insurance. This still didn't feel right to me, but I couldn't articulate my unease at the time and I was also imagining how upset the client might be when I delivered this news. But I called. The client was not upset at all. He said he was committed to getting the care he needs and was willing to pay however much it cost. Oh, and he knew about that other provider but had been on the wait-list there for over a month already.

That is dedication, I thought, but I still left from internship that day feeling deflated and unsettled but unsure why.



A professor of mine is fond of saying that the universe will give you what you need and as promised, the next day I read a chapter from *Eliminating race-based mental health disparities* for internship class that introduced the topic of disparities in mental health care. It was a lightbulb moment. When I finished reading the article, I felt embarrassed. What I took away from it was this: by offering the sliding scale to a client who had private insurance, I was potentially impeding access to equitable care for someone who does not have any insurance at all and whose only option is the sliding scale.

Well done, Julie. A little bruised from that fall, are you? But also, how come no one at my internship helped me to see it this way when I raised my concerns?

When I walked into class that week I felt I had to confess this blind spot I had stumbled upon in part because: 1) maybe this story would help another student avoid the same mistake I had made; and 2) I felt like I needed someone to bear witness to my personal and professional growth and say, "Well done. You're learning." Something better happened instead; I got perspective.

I finished telling my story and my professor said something along the lines of, "I would argue that a single father with two dependents in a household living off of that amount of annual income is exactly why sliding scales exist whether they have private insurance or not." And then she gave words to the unease I had been feeling that day at my internship. She went on to talk about median income levels of the county where this client lives and how charging him the full fees and putting the onus on him to submit paperwork to his insurance for reimbursement requires him to have time and a significant amount of residual cashflow that does not need to go towards basic needs.

"I would encourage you to go back to your supervisor and talk with him more about this," she said.

"Because if that's how the policy has been communicated then chances are senior staff aren't bothering to ask about household income." And that means we may be missing out on opportunities to correct mental health disparities, I thought.

It wasn't till the first week of October when I finally managed to find time to talk with the agency's director about this. "There are exceptions," he assured me. "But first, advocate for your client." So I did and he responded along the lines of, "I agree with you - from the counseling and advocacy side of things. But from the business side, I disagree." The director went on to quote figures about mental health professionals per capita in our area and about how prospective clients are informed during first-contact calls or visits about their options as private insurance holders - that they have a choice of providers, and about how much it costs per therapy session to break even and keep the lights on.

I could feel myself getting worked up because what I heard him say was that the business side of things was more important than client care. I thought, why is it the clients' responsibility to help us keep our lights on? I said instead, "I don't like that answer." He held up a palm to slow me down and said, "Remember, there are exceptions and they are made." He gave me examples of exceptions such as when clients come in with a private insurance carrier that does not reimburse for mental health counseling; when whole families are wanting individual counseling; when minors come in who want counseling but do not want their parents to know. Okay, so exceptions are made and I felt some relief in knowing that there is flexibility there and an openness to having these conversations.

But it feels like between my clients and their mental health care stands me and behind me is the clinic director - two white folks who are something like counseling traffic controllers. For those who have Medicaid cards or are uninsured, I'm waving them through. For those who flash a private insurance card, though, they have to pay more of their time fee upfront. I have to stop them in order to inform them of the fees and then use my counseling skills to listen to what they say and how they say it so I can sense for hesitancy or concern that would prompt me to gather more information about things like the number of dependents, the number of non-dependents working in the home, the combined annual household income (from all sources, not just salaries) - and who knows what else? I mean, I *accidentally* asked about a person's household income but what else haven't I thought to ask?

Even after all of this time, I still ask these folks to pay with *more* time. Because I need time to make the case to the white person behind me and there's no guarantee that he will okay this exception. I find myself wanting to figure out how to streamline this process, to make it more client-centered and more efficient so potential clients don't have to shell out as much of their time. In the grand scheme of things, folks with private insurance make up a small percentage of the potential clientele at my internship site but I don't think that means their time is any less valuable or this topic any less pressing.

So what of my client? I see him every other week and internally I'm still grappling with how and when I revisit the topic of paying full fees to see if I need to go back to my director to advocate further. In the meantime, my client and I are still working together, building rapport and the therapeutic alliance, he's still on the waiting list with that other service provider who takes his insurance.

An opportunity to reflect:

If you're reading this, especially if you identify as a white counselor or white counseling student, what questions do you find yourself wondering about on a regular basis about the systems in which you and your clients operate? Are there policies and/or procedures that exist without critical thought into why they're in effect, if they're still applicable, and if they're creating barriers to access? Do you ever have moments where you think that your classroom theoretical experiences and your clinical experiences don't match up? I would encourage you, as one of my professors did me, to hold space for those personal reflections and to also speak those questions aloud to someone else. Conceptualize the systems or agencies you work with and among as clients, and then use your foundational counseling skills to check your assumptions at the door, get curious, and think critically about what you're observing.



Spoken Word Corner



Forget Me Not *By Justin T. White*

Your Netflix queues boasted of darker hues...but have you forgotten me?
 Your book club turned pages as you read words from wise sages...but have you forgotten me?
 Your institutions wrote well-crafted statements to keep the donors' payments...but have you forgotten me?
 You walked the streets in crowds with hashtags ringing loud...but have you forgotten me?
 Curriculum audits and statues and street signs discarded...but have you forgotten me?
 Even you who pens this truth, you are not exempt from the time less spent.
 Is your departure caused by a heart that has faltered?
 Is your burnout the reason for your lack of turnout?
 Would you rather leave me on read instead face the dread of seeing me deferred?
 You feel tired, I get it – but my being was forged by the ancestors and don't you forget it.
 I cannot be forgotten, because I am the will of the dignified, downtrodden.
 Gravity is a mere comparison to the reality of my power yet to be felt in its totality.
 You will forget, but then you'll yearn and make your return because my love never needed to be earned.
 You are forever connected to me. I am Justice. Justice is we.

MCSJ 2021-2022 Executive Leadership Bios



Dr. Kizzy Pittrell, Ed.D., LCPC, ACS, *President*

Dr. Kizzy Pittrell, Ed.D. is a graduate of Argosy University, Washington DC from the Counseling Psychology program. Dr. Pittrell received her Masters of Counseling from Towson University and Bachelors of Science in Psychology from Bowie State University. Dr. Pittrell is a Licensed Professional Counselor, an Approved Drug and Alcohol counselor, a Master Addiction Counselor, and an Approved Clinical Supervisor in Maryland. Dr. Pittrell has worked in the community sector providing mental health and addiction counseling and treatment to adults and adolescents for 15 years. Currently, Dr. Pittrell is owner of Ross Counseling, a private practice providing therapy to individuals, families and couples and manages a community mental health facility in Baltimore. More recently, Dr. Pittrell along with her husband opened a psychiatric rehabilitation program in Baltimore county called Strengthening Families Building Communities. In addition, Dr. Pittrell has conducted several discussions and trainings related to grief, trauma, COVID, and effective ways to cope with mental illness. Dr. Pittrell is passionate about educating the community about mental health and reducing the stigma of mental health. In her spare time Dr. Pittrell loves blogging, spending time with family, reading and she is certified Zumba instructor. She is also an author of a children's book about maternal depression.



Sabrina Taylor, PhD, CRC, CVRC, CWIP, *President-Elect*

Dr. Sabrina Harris Taylor is an Assistant Professor at Coppin State University and serves as the undergraduate program coordinator for the Undergraduate Rehabilitation Services Program. She also serves as the co-coordinator of the Comprehensive Post-Secondary Education Program for Transitioning Youth at Coppin State University, and teaches in the Graduate Rehabilitation Counseling Program.

Dr. Taylor graduated from North Carolina Agricultural and Technical State University with a PhD in Rehabilitation Counseling and Rehabilitation Counselor Education in 2016. She has a Masters Degree in Rehabilitation Counseling from North Carolina Agricultural and Technical State University and a bachelor's degree from Elon University in Human Services. Dr. Taylor is also certified as a Certified Rehabilitation Counselor, Work Incentives Practitioner, and Certified Veterans Rehabilitation Counselor. Dr. Taylor has certifications in Vocational Evaluation and Work Adjustment, Work Incentives Counseling, Behavioral Addictions, and online teaching.

For the past four years, Dr. Taylor has taught graduate level counseling courses geared towards rehabilitation and addictions counseling majors at Coppin State University. Prior to working in academia, Dr. Taylor worked for the Department of Veteran Affairs as a rehabilitation counselor. She served over 200 veterans with service-connected disabilities and addictions during her tenure at the VA and assisted 65 veterans with obtaining a college degree and career. She has also owned and operated an adult care home in North Carolina.

Dr. Taylor serves her community by serving as a 2020-2021 Emerging Leader for the Maryland Counseling Association and a reading tutor of the Anne Arundel Literacy Council. In addition, she provides work incentives counseling services to consumers with disabilities privately. Dr. Taylor enjoys spending time with her husband, Whitney, and fur-baby, Seabreeze.



Dr. Sade Dunn, Ed.D., NCC, LPC, LCPC, Treasurer

Dr. Sadé Dunn is an approved supervisor and Licensed Professional Counselor/Licensed Clinical Professional Counselor in Washington, D.C., Maryland and Virginia. She is a graduate from Governors and Bowie State University. Dr. Dunn is the counselor representative for the Maryland Counselors for Social Justice board and a Maryland Counseling Association Emerging leader for the 2020-2021 year. She previously served as the secretary for the MCA ALGBTQ board from 2015 until 2018.

Dr. Dunn is a Reiki Level I Practitioner and registered yoga teacher at the 200 level. Reiki is a holistic energy healing practice that promotes balance by helping to free the chakras of any blockages. It promotes clarity, is very relaxing and clients feel restored afterward. Dr. Dunn is continuing her yoga studies in order to become a registered yoga teacher at the 500 level.



Katie Voorman, MS, Counselor Representative

Katie Voorman worked in DC for seven years before pursuing a career in counseling. They were inspired by their time volunteering with support groups at the DC Center, where people frequently mentioned the need for more informed LGBTQ therapy in the area. While attending graduate school in Pittsburgh they helped create LGBTQ education programs at their university and internships, and volunteered with local tech and racial justice activism groups. Now, with a MA in Professional Counseling, Katie has brought their passion for more ethical and justice-oriented counseling back to the DMV area.



Julie Beckmann, Student Representative

Julie Beckmann (she/her) is in her third and final year in the clinical mental health counseling master's program at George Washington University, and is this year's MCSJ's student representative. Julie is also a member of the 2021-2022 MCA emerging leader cohort for which she serves on the advocacy division, and she is the secretary for Chi Sigma Iota's Rho Theta chapter at GWU.

Julie is currently interning at two sites: a community mental health clinic where she works primarily with individual clients ages 5-years-old and up who are coping with a wide variety of life's obstacles, and at a community based family clinic where she is learning how to do co-therapy in a behavioral family systems setting. Upon graduation, Julie hopes to continue to work in community counseling centers in order to continue to provide quality mental health care to all regardless of socioeconomic means. Ultimately, Julie would eventually like to focus her training on working with survivors of sexual trauma both domestically and abroad (she would like to see more decolonized international development/aid efforts in the area of mental health), and perhaps one day she will get her doctorate in counselor education and supervision. As of this writing, she is interested in researching strategies that foster white counselor identity development and the effectiveness of clinical mental health graduate programs in facilitating said development; preventing PTSD and facilitating post-traumatic growth in international aid workers who may experience or who have experienced sexual violence during their service; and interpreter-mediated clinical mental health counseling with immigrants, refugees, and asylum seekers.

Through her first career in libraries and her experience as a Peace Corps Volunteer, Julie has come to believe that learning through service and participatory community action, both locally and abroad, offers one of the most profound and lasting paths to personal and systemic change. As a white person, Julie is still developing

her white identity while educating herself on ways to actively identify and channel her power and privilege in order to cultivate and commit to a life oriented towards anti-racism and anti-oppression. Working in coalition with the MCA is just one of the ways she's availing herself of probably getting it wrong while opening herself to learning from her mistakes so she can try again and again to do her part in chipping away at the cycle of oppression.



Donnette Deigh, LCPC, NCC, *Membership Chair*

Donnette Deigh is a PhD candidate in Liberty University's Counselor Education and Supervision program. Donnette is currently an Education Services Specialist, National Certified Counselor and a Licensed Clinical Professional Counselor in the state of Maryland. Donnette has been dedicated to helping underserved populations increase their quality of life. Her areas of specialization includes anxiety, adjustment difficulties/ life transitions, job dissatisfaction/career counseling, and depression. Donnette's research interests include social justice and advocacy for counselors of color, multiculturalism, wellness of counselors of color, cross-racial supervision/mentorship and academic achievement. She has a Bachelor of Science in Psychology from Bowie State University and a Master of Arts in Rehabilitation Counseling with a concentration in Substance Abuse and Psychiatric Disabilities along with a graduate certificate in Counseling and Life Transitions focusing on Counseling Linguistically and Culturally Diverse Individuals from The George Washington University.



Justin White, *Public Relations Chair*

Justin T. White, a native of Philadelphia, earned his B.A. in Sociology from Loyola University Maryland in 2009. Directly after graduating, Justin spent eight years as a Theology teacher at Cristo Rey Jesuit – Baltimore. Also, during that time he directed the school's Community Service Program as a component of the Campus Ministry Office. Since 2017, he has worked at Loyola Blakefield in the areas of campus ministry, community service, diversity, inclusion & equity work, as well as teaching Theology and Psychology. Racial equity and its intersection with education, spirituality, and mental health are areas of great personal and professional interest. In his free time, Justin enjoys fellowship with family and friends, Marvel movies, kayaking and tubing. He has the hopes of graduating from Loyola University in Maryland, once again, with a Masters in School Counseling in May of 2022.



Amanda Friday, LPC, *Professional Development Chair*

Amanda is a LPC, with a particular focus in career counseling, and has lived in the DMV area most of their life. They currently work at Georgetown University as a career counselor and Assistant Director at the career center. Prior to Georgetown, Amanda earned their Bachelor of Arts in Psychology from the University of Tennessee, a Master of Education from Virginia Commonwealth University, and a Master of Arts in counseling from The George Washington University. They are currently completing their Doctor of Philosophy in counseling with a focus on athletic retirement, career narratives during transition, and social justice from the George Washington University. Their career journey has been a winding one. Formerly a college coach and team-building facilitator, Amanda found their calling in the mental health field. They have a passion for creating communities, teaching students and clients ways to discover meaningful work, empowering and lifting up the voices of historically marginalized communities, and decolonizing career and therapy. Amanda also teaches undergraduate career courses at Georgetown University and is an adjunct professor at George Washington University.



Grace Abraham Lewis, LCPC, NCC, *Social Justice Advocacy Chair*

I am an LCPC board-certified mental health therapist and a board-approved supervisor in Maryland. I am also licensed with the National Board of Certified Counselors (NCC) and equally certified in Telehealth for mental health professionals. I have been in practice for the past 7 years after graduating from Walden University in 2014 with an MSc in Clinical Mental Health Counseling. I am presently a doctoral student in Counselor Education and Supervision (CES) at the PhD ABD (All but Dissertation) level. Hopefully, I'd complete the program by the end of 2021.

As a mental health counseling professional, I worked in methadone clinics where I saw clients with substance abuse and co-occurring disorders. Using the therapeutic community (TC) model, I also worked in the jail system at a male maximum security correctional facility with clients incarcerated for drug-related crimes who were getting ready to be released. When I worked in an out-patient mental health clinic, I saw clients from all cultural backgrounds including those within the LGBTQ+ community, and my clients had all kinds of mental health disorders and illnesses including anxiety, depression, relationship and blended family issues, OCD, ADHD, PTSD, as well as physical and emotional trauma. Presently, in my private practice, my clients include those in PRP programs as well as clients dealing with all kinds of mental health and substance abuse issues. My dissertation interests include: Causes of Infertility in Women in Cameroon; Spirituality as an Influence on African American Women: What Counselors need to know; Black Women, Mental Health Treatment, and Spiritual Healing: A Transcendental Phenomenological Study.



Emilia Henry, BS, *Newsletter Chair & MCA Emerging Leader*

Emilia Henry is a Maryland native and is currently a second year graduate student at Bowie State University in the Mental Health Counseling program. She is also a part of the 2021-2022 MCA emerging leaders cohort serving on the MCSJ division as the newsletter chair. Emilia previously worked for the USCCB Migration and Refugee Services as a foster care placement specialist, this experience led to an interest in culturally competent trauma informed care. Guided by her experience and education Emilia hopes to make meaningful contributions to the field of counseling in the areas of trauma and culture.



Kshipra Jain, LPC, NCC, *Past-President*

Kshipra Jain is a Licensed Professional Counselor (LPC) and Supervisor in Washington, D.C., and a board certified counselor (NCC). She graduated with her Master's in Mental Health Counseling and Behavioral Medicine from Boston University School of Medicine in 2013. Kshipra currently works at a private practice in D.C., and is a Doctoral Candidate in the Counseling (CES) program at the George Washington University. Kshipra is also a recipient of the 2018-2019 NBCC Minority Fellowship Program-Doctoral Cohort award. She is passionate about serving and advocating for individuals with minoritized intersectional identities, such as BIPOC, queer and trans folk, immigrants and children of immigrants, refugees and asylum-seekers, and others who experience disenfranchisement.

Kshipra approaches counseling by integrating her Western/Eurocentric education and training with intersectional and social justice lenses, such as by addressing systems of oppression, power, and privilege in the

counseling session. When appropriate, she helps her clients explore the impact of historical and ancestral trauma, cisheteropatriarchy, capitalism, and white supremacy on their mental health and wellness, and empowers them to find restoration and revolution through self-love, authenticity, self-compassion, community, and healing, particularly for BIPOC and LGBTQ+ communities. Through her service at MCSJ and Counselors for Social Justice (CSJ), Kshipra is consistently attempting to increase her engagement in social justice and advocacy efforts to uplift the voices of those who endure systemic oppression and societal discrimination.



Dr. Chioma Anah, Ed.D., ATR, LCPC, NCC, ACS, Executive Director

Dr. Chioma Anah holds a Doctorate of Education (EdD) in Counseling Psychology, is a Registered Art Therapist (ATR), a National Certified Counselor (NCC), a Licensed Clinical Professional Counselor (LCPC-Maryland), an Approved Clinical Supervisor (ACS), and a Board-Approved Supervisor in the state of Maryland. Her interests and research agenda primarily focuses on racial microaggressions, psychology of racism, and many social & racial justice issues. Dr. Anah has worked with adults and adolescents with mental health issues for over 20 years, and is the Founder & CEO of PerceptA Therapeutic & Training Center,

LLC located in Baltimore City, where she primarily focuses her practice on resiliency and coping interventions for race-related stress and trauma with clients. Given her passion for social justice advocacy, Dr. Anah is the founding member and the first president (2018-2019) of Maryland Counselors for Social Justice (MCSJ). Currently, she serves as MCSJ's Executive Director. Dr. Anah is a proud alumna of the Johns Hopkins University School of Education.

Thank You, MCSJ 2021-2022 Leadership Team!!!

Newsletter Editors: Emilia Henry, BS, Kshipra Jain, LPC, NCC & Sabrina Taylor, PhD, CRC, CVRC, CWIP



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